

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER	
<b>NINA SHAHIN, CPA</b>		<b>Civ. No. 06-289-GMS</b>
DEFENDANT	TYPE OF PROCESS	
<b>STATE OF DELAWARE, DEPT. OF FINANCE</b>		<b>OC</b>
<b>SERVE</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
	<b>RICHARD S. CORDREY, SECRETARY OF FINANCE</b>	
<b>AT</b>	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
	<b>820 N. FRENCH ST., WILMINGTON, DE 19801</b>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<b>NINA SHAHIN, CPA 103 SHINNECOCK RD. DOVER, DE 19904</b>		Number of process to be served with this Form - 285
		Number of parties to be served in this case
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

PAUPER CASE

number of people being sued - 2

all state  
offices to be  
served are located  
in Carvel Bldg.

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<i>(Signature)</i>	<input type="checkbox"/> DEFENDANT	<b>(302)678-1805</b>	<b>08/04/2006</b>

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. <u>15</u>	No. <u>15</u>	<i>(Signature)</i>	<u>8/22/06</u>

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

*Carol Thomas, Asst. to Director* A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service 8/25/06 Time 11:05 am  
Signature of U.S. Marshal or Deputy *(Signature)*

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

